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THE VOICE FOR HEALTH CARE CONSUMERS

Congress Should Act Quickly to Protect Oral Health Coverage for People Hit Hardest by COVID-19

Every family in America should be able to afford the care we all need to stay healthy, eat, work, and live pain free. Oral health care is essential for overall health and wellness, including combatting COVID-19. It is also key to employment opportunities, economic stability, and social connectedness. **But if Congress does not act, millions of people who rely on Medicaid for health insurance could have their oral health coverage ripped away as states cut their budgets — right when Americans need it most.**

Congress can support oral health by:

- Further increasing federal funding for Medicaid, and adding a specific Medicaid Federal Matching Assistance Percentage (FMAP) increase for adult dental services, as part of upcoming coronavirus relief legislation.
- Making adult dental coverage a permanent part of the Medicaid program.

Protecting and bolstering Medicaid adult oral health coverage is critical to fully addressing the coronavirus pandemic. Oral health is directly related to COVID-19 outcomes. COVID-19 patients with poor oral health tend to get sicker and are more likely to die.[1] Poor oral health also exacerbates dozens of chronic health conditions, including heart disease, respiratory illness, cancer, and diabetes, all of which also increase people's risk of contracting and dying from COVID-19.[2] Moreover, people without oral health coverage often have no choice but to turn to emergency rooms for relief when dental problems set in, further straining hospital capacity.[3]

Oral health is also fundamental to our nation's economic recovery. The coronavirus pandemic has triggered a massive economic crisis, with millions of people losing their jobs. Multiple studies have shown that poor oral health affects people's ability to get – and keep – a job.[4] Ensuring that people have oral health coverage would help millions of people in America afford the dental care they need to regain and maintain employment.

Over 35 million Americans could see cuts to critical oral health coverage, ultimately undermining our nation's efforts to defeat the coronavirus pandemic, restore our health, and rebuild our economy.

Medicaid adult dental coverage is particularly critical for the communities that the pandemic has hit hardest.

Older adults, people with disabilities, and people of color already experience significant health and economic disparities, which have been made worse by the coronavirus crisis. The people most likely to get sick and lose jobs during the pandemic are also the people who will suffer most from cuts to Medicaid oral health coverage.[5] Older adults and people with disabilities make up almost a quarter of the people who would lose coverage.[6] And three out of five people who would lose oral health benefits are people of color.[7]

Families need quick federal action as states consider cuts.

Trends from the Great Recession, as well as states' proposed budgets and legislation from 2020, clearly show that when state policymakers face budget constraints, oral health coverage is often one of the first services they cut.[8] While Congress attempted to prevent cuts to through a "maintenance of effort" provision tied to the current, small increase in Medicaid funding, the Centers for Medicare and Medicaid Services ended the protection of Medicaid benefits in November 2020.[9] As the economy continues to stagnate in 2021, some states are once again considering rolling back Medicaid adult dental coverage. Over 35 million Americans could see cuts to critical oral health coverage, ultimately undermining our nation's efforts to defeat the coronavirus pandemic, restore our health, and rebuild our economy.[10]

It's time for Congress to guarantee that families who rely on Medicaid for health insurance can get the oral health care we all need to recover and rebuild.

1. Increase federal funding for Medicaid, and add a specific Medicaid Federal Matching Assistance Percentage (FMAP) increase for adult dental services, as part of upcoming coronavirus relief legislation.
2. Make adult dental coverage a permanent part of the Medicaid program.

The chart below shows the thousands of adults who are at risk of losing Medicaid oral health coverage in your state.[11]

State	Total Number of People Who Would Be Affected by Medicaid Cuts	Percentage of Affected People Who Are Over Age 65	Percentage of Affected People Who Are From Communities of Color
National	**35,185,017**	**23%**	**39%**
Alabama	451,350	29%	44%
Alaska	82,267	19%	53%
Arizona	842,812	20%	28%
Arkansas	402,534	20%	28%
California	5,855,823	21%	48%
Colorado	535,236	19%	23%
Connecticut	478,651	22%	36%
Delaware	109,632	20%	42%
District of Columbia	113,791	19%	93%
Florida	1,879,319	37%	30%
Georgia	783,005	33%	54%
Hawaii	140,722	23%	90%
Idaho	111,751	28%	14%
Illinois	1,281,873	18%	43%
Indiana	651,303	19%	23%
Iowa	327,966	19%	16%
Kansas	182,634	26%	23%
Kentucky	666,334	18%	15%
Louisiana	741,904	18%	51%
Maine	171,792	29%	8%
Maryland	633,980	20%	56%
Massachusetts	998,273	22%	32%
Michigan	1,290,396	18%	33%
Minnesota	539,557	17%	29%
Mississippi	323,292	30%	57%
Missouri	432,127	25%	28%
Montana	121,735	19%	20%
Nebraska	113,353	35%	20%
Nevada	303,022	21%	42%
New Hampshire	99,799	21%	8%
New Jersey	837,307	24%	43%
New Mexico	383,138	18%	32%
New York	3,181,025	22%	52%
North Carolina	845,032	27%	45%
North Dakota	55,096	27%	27%
Ohio	1,358,276	17%	31%
Oklahoma	257,688	28%	32%
Oregon	530,404	18%	19%
Pennsylvania	1,513,257	21%	33%
Rhode Island	146,121	21%	31%
South Carolina	455,152	28%	49%
South Dakota	51,390	30%	29%
Tennessee	664,646	23%	31%
Texas	1,717,753	33%	32%
Utah	147,633	23%	12%
Vermont	89,307	17%	17%
Virginia	603,840	23%	46%
Washington	807,408	19%	27%
West Virginia	293,592	19%	9%
Wisconsin	547,267	23%	66%
Wyoming	33,452	27%	10%

Endnotes

[1] Victoria Sampson, Nawar Kamona, and Ariane Sampson, "Could There Be a Link between Oral Hygiene and the Severity of SARS-CoV-2 Infections?" *Nature* (June 26, 2020), https://www.nature.com/articles/s41415-020-1747-8.

[2] Michael L. Barnett, "The Oral-Systemic Disease Connection," *The Journal of the American Dental Association* 137 (2006), https://doi.org/10.14219/jada.archive.2006.0401.

[3] American Dental Association Health Policy Institute analysis of 2016 Nationwide Emergency Department Sample data, 2018. Available from the American Dental Association upon request.

[4] Uma Kelekar and Shillpa Naavaal, "Hours Lost to Planned and Unplanned Dental Visits Among US Adults," *Preventing Chronic Disease* 15, no. 170225 (2018), https://doi.org/10.5888/pcd15.170225; American Dental Association Health Policy Institute, *Oral Health and Well-Being in the United States*, (American Dental Association, 2016), https://www.ada.org/en/science-research/health-policy-institute/oral-health-and-well-being.

[5] Centers for Disease Control and Prevention, COVID-19 *Hospitalization and Death by Race/Ethnicity*, (CDC, November 30, 2020), https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html; Centers for Disease Control and Prevention, *COVID-19 Hospitalization and Death by Age* (CDC, August 18, 2020), https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-age.html.

[6] Kaiser Family Foundation, "Medicaid Enrollees by Enrollment Group." May 22, 2019. https://www.kff.org/medicaid/state-indicator/distribution-of-medicaid-enrollees-by-enrollment-group/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D.

[7] Kaiser Family Foundation, *Distribution of the Nonelderly with Medicaid by Race/Ethnicity* (Kaiser Family Foundation, 2019), https://www.kff.org/medicaid/state-indicator/medicaid-distribution-nonelderly-by-raceethnicity/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D.

[8] Laura Snyder and Robin Rudowitz, *Trends in State Medicaid Programs: Looking Back and Looking Ahead* (Kaiser Family foundation, June 28, 2016), https://www.kff.org/medicaid/issue-brief/trends-in-state-medicaid-programs-looking-back-and-looking-ahead/view/print/; Melissa Burroughs, *Protecting and Expanding Access to Oral Health in 2020* (Families USA, August 2020), https://familiesusa.org/resources/protecting-and-expanding-access-to-oral-health-in-2020-learning-from-state-trends-in-medicaid-adult-dental-coverage/.

[9] The Families First Coronavirus Response Act (FFCRA) provided a 6.2 percentage point increase in the federal share of certain Medicaid spending as long as states meet certain maintenance of effort (MOE) requirements to ensure that states do not restrict Medicaid eligibility or access to care. While these requirements originally prevented states from decreasing Medicaid benefits, the Centers for Medicare and Medicaid Services (CMS) reinterpreted the MOE under an Interim Final Rule (IFR) in November 2020, which now allows states to decrease benefits including oral health coverage. Source: MaryBeth Musumeci and Rachel Dolan, *Medicaid Maintenance of Eligibility (MOE) Requirements: Issues to Watch* (Kaiser Family Foundation, December 17, 2020), https://www.kff.org/medicaid/issue-brief/medicaid-maintenance-of-eligibility-moe-requirements-issues-to-watch/.

[10] Families USA analysis of American Community Survey (ACS) data for 2018. IPUMS USA, University of Minnesota, www.ipums.org.

[11] Families USA analysis of American Community Survey (ACS) data for 2018. IPUMS USA, University of Minnesota, www.ipums.org.

This publication was written by:

Melissa Burroughs, Associate Director of State and National Strategic Partnerships, Families USA

The following Families USA staff contributed to the preparation of this material (listed alphabetically):

Kimberly Alleyne, Senior Director, Communications

Justin Charles, Digital Media Associate

Finn Dobkin, Oral Health Intern

Nichole Edralin, Senior Manager, Design and Publications

Lisa Holland, Senior Communications Manager

Adina Marx, Communications Associate

Jen Taylor, Senior Director of Federal Relations

FAMILIESUSA

THE VOICE FOR HEALTH CARE CONSUMERS

1225 New York Avenue NW, Suite 800
Washington, DC 20005
202-628-3030
info@familiesusa.org
FamiliesUSA.org
facebook / FamiliesUSA
twitter / @FamiliesUSA

OH2021-3